FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

1700/11

NOTICE OF SALE OF SECURITIES NOV 2 4 2004 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Prefix

Serial

DATE RECEIVED

13086	φ_{\parallel}							
Name of Offering	(☐ check if this is a	n amendment an	d name has chang	ged, and indicate c	hange.)			
Membership Interes	sts					<u> 国は (を) (を) () () () () () () () ()</u>		
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	■ Rule 506	☐ Section 4(6) ☐ □	ULCE		
Type of Filing:	☐ New Filing	■ Amendmer	it		// NOV	2/2004		
		A. BAS	IC IDENTIFIC	CATION DATA				
1. Enter the inform	nation requested about t	he issuer			A SON			
Name of Issuer (□ c	heck if this is an amend	ment and name h	as changed, and i	ndicate change.)		119/39		
Mobex Funding II,	LLC				<u> </u>			
Address of Executive			Street, City, State	e, Zip Code)	Telephone Number (Including Area Code)			
115 East 69th Street	, New York, New Yorl			· · · · · · · · · · · · · · · · · · ·	(212) 794-6060			
	Business Operations		Street, City, State		Telephone Number (Including Area Code)			
	stors, Inc., 1226 Comm	erce St., Ste. 300	, Dallas, Texas 7	5202		PROCESSE		
Brief Description of	Business:					1170000000		
Investments.						NOV 26 2004		
Type of Business Or	ganization					THOMESON		
□ corporation □ limited partnership, already formed				formed	🗷 other (plea	IHOMSON ase specify): Limping NCIAL		
☐ business trus	t	☐ limited par	tnership, to be fo	rmed		Liability Company		
			Month	n Year	<u></u>			
Actual or Estimated	Date of Incorporation of	r Organization:	1 1	0 0 4	🗷 Actual 🛚	☐ Estimated		
Jurisdiction of Incom	poration or Organization	· (Enter two-let	ter U.S. Postal Se	rvice abbreviation	for State:			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6/02), Page 1 of 10

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2. Enter the information requested for		. ~		
 Each promoter of the issuer, if the is Each beneficial owner having the p 			of. 10% or more o	f a class of equity securities of
the issuer;	•	•		
 Each executive officer and director Each general and managing partner 		ate general and managing	partners of partne	ership issuers; and
Check Box(es) that Apply: ☐ Promote	er	☐ Executive Officer	☐ Director	☑ General and/or
				Sole Manager
Full Name (Last name first, if individual)			
Woodhaven Investors, Inc.				
Business or Residence Address (Number				
1226 Commerce Street, Suite 300, Dall				
Check Box(es) that Apply: Promote	er	☐ Executive Officer	☐ Director	☐ General and/or
E. II Nicolard Grant Cont. (Cir. Harida et	\\			Managing Partner
Full Name (Last name first, if individual) Mobex Network Services, LLC)			
Business or Residence Address (Number	and Street City State 7in Code)			
1725 Duke Street, Suite 630, Alexandr	•			
Check Box(es) that Apply: Promote		☐ Executive Officer	☐ Director	☐ General and/or
Check Box(es) that Apply.	e Beneficial Owner	L'Accultive Officer	□ Director	Managing Partner
Full Name (Last name first, if individual)			ividiaging I ditiici
Eaton, Charles P.	,			
Business or Residence Address (Number	r and Street, City, State, Zip Code)			
11 South Trail, Darien, Connecticut 0				
Check Box(es) that Apply: ☐ Promote		☐ Executive Officer	☐ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)			
Clarke III, Logan				
Business or Residence Address (Number	r and Street, City, State, Zip Code)			
74 Old County Road, East Sandwich,	Massachusetts 20537			
Check Box(es) that Apply: ☐ Promote	er 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)			
Monier, Michael H.				
Business or Residence Address (Number				
115 East 69th Street, New York, New Y				
Check Box(es) that Apply: ☐ Promote	er 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if individual	1			Managing Partner
Herrick, Edward D.	,			
Business or Residence Address (Number	r and Street, City, State, Zip Code)			
c/o First Regional Bank, P.O. Box 267				
Check Box(es) that Apply: ☐ Promote		☐ Executive Officer	☐ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number	r and Street, City, State, Zip Code)			

A. BASIC IDENTIFICATON DATA

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)		,,,,,,	, , , ,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
	(Use blar	nk sheet, or copy and use addition	onal copies of this sheet, as	necessary.)	

					B. INF	ORMATI	ON ABO	UT OFFE	RING				
1.	Has th	e issuer s	old, or doe	es the issuer	intend to	sell, to nor		d investors	in this offer	ring?		Yes	No ⊭
2.	What	is the min	imum inve	estment that	will be ac	ccepted from	m any indi	vidual?				\$ <u>900.0</u> Yes	00 No
3.	3. Does the offering permit joint ownership of a single unit?									ĭ CS			
4.	comm offerir and/or	ission or ng. If a p with a s	similar re person to tate or sta	uested for or muneration be listed is tes, list the a broker o	for solic an associ name of	itation of ated person the broker	purchasers n or agent or dealer.	in connect of a broke If more the	etion with s or or dealer than five (5)	sales of se registered persons t	curities in with the S o be listed	the SEC	
Fu	ll Name	(Last nar	ne first, if	individual)									
Bu	siness o	r Residen	ice Addres	s (Number	and Street	, City, State	e, Zip Code	e)					****
Na	me of A	ssociated	Broker o	Dealer									
Sta	ates in W	hich Per	son Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers					
•				ndividual S								🗆 All S	
[I	L]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	IT] !I]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Fu	ll Name	(Last nar	ne first, if	individual)									
Bu	isiness o	r Residen	ice Addres	s (Number	and Street	, City, Stat	e, Zip Code	e)					
Na	ime of A	ssociated	Broker or	Dealer				····			-		
Sta	ates in W	Vhich Per	son Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers	<u> </u>	·			
				ndividual S				r				□ All S	
	L]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	T]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]
Fu	ll Name	(Last nar	ne first, if	individual)									
Bu	isiness o	r Residen	ice Addres	s (Number	and Street	, City, Stat	e, Zip Code	e)					
Na	ime of A	ssociated	Broker or	Dealer									
Sta	ates in W	Vhich Per	son Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers				· <u> </u>	
		ll States"	or check i	ndividual S			•••••					□ All S	tates
	L]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[M	IT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify Membership Interests)	\$_700,000	
	Total	\$_700,000	\$_700,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ <u>700,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part CQuestion 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		<u> </u>
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 1,000
	Legal Fees		\$ 2,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky Filing Fees		\$ 1,975
	Total		\$_4,975

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and

dicate below the amount of the adjusted gross proceeds to the issuer used or propose purposes shown. If the amount for any purpose is not known, furnish an estimate it of the estimate. The total of the payments listed must equal the adjusted gross parth in response to Part C—Question 4.b above.	and check the box	k to the		
an in responde to fact or question to accord		Officers, Dire	Payments to officers, Directors & Affiliates	
Salaries and fees		\$	□	\$
Purchase of real estate		\$		\$
Purchasing, rental or leasing and installation of machinery and equipment		\$	0	\$
Construction or leasing of plant buildings and facilities		\$		S
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	П	\$	п	\$
Repayment of indebtedness				\$\$
Working capital				\$ <u>695,025</u>
Other (specify):		\$		\$
		\$		\$
Column Totals.		\$ 0	ca .	\$_695,025

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)
Mobex Funding II, LLC,
by its Sole Manager,
Woodhaven Investors, Inc.

Name of Signer (Print or Type)
Christine Tunney

Signature

Norember 23, 2084

Title of Signer (Print or Type)
Vice President and Assistant Secretary of Woodhaven Investors, Inc.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E STATE SIGNATURE	and a result of the second		1 1211 13					
1.	Is any party described in 17 CFR 230.262 pre- rule?	sently subject to any of the disqualification provision	is of such	Yes	No ⊠					
	See Apper	ndix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to f CFR 239.500) at such times as required by sta	urnish to any state administrator of any state in white law.	ch this notice is filed, a no	otice on Fo	rm D (17					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	e issuer has read this notification and knows the y authorized person.	contents to be true and has duly caused this notice	to be signed on its behalf	by the un	dersigned					
Mo by Wo	uer (Print or Type) Thex Funding H, LLC, Its Sole Manager, The Manager, The Manager of Signer (Print or Type)	Signature Signature Title of Signer (Print or Type)	November	e 23	,2004					
	ristine Tunney	Vice President and Assistant Secretary of Woodhaven Investors, Inc.								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		5					
	non-acc	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units of Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK	<u></u>									
AZ										
AR										
CA				1						
co		X	\$700,000	2	114,000	0	0		Х	
CT		X	\$700,000	2	\$150,000	0	0		Х	
DE										
DC										
FL		Х	\$700,000	1	\$10,000	0	0		Х	
GA		Х	\$700,000	1	\$4,216	0	0		Х	
HI										
ID	<u> </u>			V - 21/d. d.						
IL	<u></u>									
IN										
IA										
KS										
KY										
LA				<u> </u>						
ME	<u> </u>									
MD										
MA		Х	\$700,000	1	\$100,000	0	0		X	
MI	-									
MN			-							
MS	-							-		
MO										

APPENDIX

1	:	2	3		5					
	non-ac	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series A Convertible Preferred Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
_NE										
NV										
NH		X	\$700,000	1	\$50,000	0	0		X	
NJ		Х	\$700,000	1	\$50,000	0	0		Х	
NM										
_NY		X	\$700,000	6	\$220,820	0	0		х	
NC										
ND	ļ <u>.</u>									
ОН										
ОК										
OR										
PA		X	\$700,000	1	\$964	0	0		Х	
RI	ļ		*****							
sc				<u> </u>						
SD				· · · · · · · · · · · · · · · · · · ·						
TN								-		
TX										
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VA										
WA			;							
WV	<u> </u>									
WI									<u> </u>	
WY										
PR			<u> </u>							